

ATTACHMENT "C"
REQUEST FORM FOR CHANGE TO PROPERTY
Spanish Oaks Homeowner's Association

Attention: Architectural Review Board (ARB) Date _____

Owner Name: _____ **Change Requested to:**
Construction Address: _____ **Home Exterior** _____
Phone Number: _____ **Landscaping** _____
Enclosure _____
Pool and/or Spa _____
Other: _____

Builder: _____
Company Name Contractor Name Contractor License #
Builder's Address: _____ **Phone:** _____

Describe in detail the nature of the change:

Attach pictures, plot plans describing location of change on lot, materials to be used, catalog cuts, color samples, landscaping details and any additional drawings that will assist ARB members to properly evaluate the requested change. While a written and detailed request is always required, you are encouraged to present your request at the next scheduled meeting.

Anticipated Start & Finish Dates: **START** _____ **FINISH** _____

Submission of this form and its approval/disapproval by the ARB does not replace homeowner's responsibility to abide by all County and City ordinances and permit requirements. **All requests must be received 10 days prior to the next scheduled ARB meeting for timely review and response.** A refundable Construction Compliance Binder of \$3,000 (\$1,000 for moderate additions and renovations) may be charged as provided in SOHA documents. Note: There is no additional binder for a change to new construction during the initial construction phase, while the initial \$3,000 is in effect.

Homeowner(s) Signature

If request is denied by the ARB, the homeowner has the right to appeal the matter to the Board of Directors as outlined in SOHA ARB Control, article 3.2.3.

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ARB Action: _____ **Date:** _____

Approved _____
Not Approved _____
Recommendation: _____

Deliver form and attachments to:
Spanish Oaks Homeowners Association, ARB
P.O. Box 840164 St Augustine, FL 32080-0164